


Trauma-Informed Care:
A Change in Perspective

William Kellibrew IV


Motivational Speaker and Advocate

Peer Faculty, SAMHSA National Center for
Trauma Informed Care




What is Trauma-Informed Care?

- Not what’s wrong with you but what happened to you.*
- Symptoms are adaptations.*
- “Hurt People Hurt People” Sandra Bloom, MD*
- Violence causes trauma and...trauma causes violence*



What is Trauma?

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.*
- The Three E's (Dr. Griffin)*
 - The Event, Experience, Effect*



What is Trauma-Informed Care?

- *Prevalence*
- *Understanding the role trauma plays in the lives of those we serve and engage*
- *Putting out knowledge into practice*



Types of Trauma that Often Resulting in Serious
Mental Health and Substance Use Problems

- Are *interpersonal* in nature: intentional, prolonged, repeated, severe
- Include sexual & physical abuse, severe neglect, emotional abuse
- Also, witnessing violence, repeated abandonment, sudden and traumatic loss
- Often occurs in childhood and adolescence and may extend over an individual's life span

(Terr, 1991; Giller, 1999; Felitti, 1998)



Dissociation

- A mental process which produces a lack of connection in a person's thoughts, memories, feelings, actions, or sense identity.
- During dissociation certain information is not associated with other information as it normally would be.
- For example: during a traumatic experience, a person may dissociate the memory of the place and circumstances of the trauma from his ongoing memory, resulting in a temporary mental escape from the fear and pain of the trauma and, in some cases, a memory gap surrounds the experience.


(Sidran Institute, 1999)



PTSD

- Symptoms of PTSD
 - Intrusive Re-experiencing
 - Avoidance
 - Arousal


(Sidran Institute, 2000)



Intrusive Re-experiencing

- Intrusive symptoms sometimes cause people to lose touch with the "here and now" and react in ways that they did when the trauma originally occurred.
- For example, many years later a victim of child abuse may hide trembling in a closet when feeling threatened, even if the perceived threat is not abuse-related.


(Sidran Institute, 2000)



Avoidance

- People with PTSD work hard to avoid anything that might remind them of the traumatic experience. They may try to avoid people, places or things that are reminders, as well as numbing out emotions to avoid painful, overwhelming feelings. Numbing of thoughts and feelings in response to trauma is known as "dissociation" and is a hallmark of PTSD. Frequently, people with PTSD use drugs or alcohol to avoid trauma-related feelings and memories.

(Sidran Institute, 2000)



Arousal

- Symptoms of psychological and physiological arousal are very distinctive in people with PTSD. They may be very jumpy, easily startled, irritable and may have sleep disturbances like insomnia or nightmares. They may seem constantly on guard and may find it difficult to concentrate. Sometimes persons with PTSD will have panic attacks accompanied by shortness of breath and chest pain.

(Sidran Institute, 2000)



Prevalence

- **Violent crime** committed by juvenile offenders peaks during the after school hours. Nearly one-third (29%) of all violent crime committed by juvenile offenders occurs between 3 p.m. and 7 p.m. In comparison, nearly the same proportion of violent crime committed by adults (26%) occurs between the hours of 8 p.m. and 12 a.m.

OJJDP Statistical Briefing Book, Online.
Available: <http://www.ojjdp.gov/ojstatbb/offender/s/q03401.asp?qaDate=2008>.
Released on December 21, 2010.



Prevalence

- 90% of public mental health clients have been exposed to trauma
(Mueser et al, 2004; Mueser et al, 1998)



Prevalence

- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59% *(Widom, 1995)*
- Arrest rates of trauma-exposed youth are up to 8 times higher than community samples of same-age peers *(Saigh et al, 1999; Saltzman et al, 2001)*
- 70% - 92% of incarcerated girls reported sexual, physical, or severe emotional abuse in childhood *(DOC, 1998; Chesney & Sheldon, 1997)*
- A 2003 QJDP survey of youth in residential placement found that 70% had some type of past traumatic experience, with 30% having experience frequent and/or injurious physical and/or sexual abuse. *(Sedlak & McPherson, 2010)*



Arousal

- Symptoms of psychological and physiological arousal are very distinctive in people with PTSD. They may be very jumpy, easily startled, irritable and may have sleep disturbances like insomnia or nightmares. They may seem constantly on guard and may find it difficult to concentrate. Sometimes persons with PTSD will have panic attacks accompanied by shortness of breath and chest pain.

(Sidran Institute, 2000)



Arousal

- Symptoms of psychological and physiological arousal are very distinctive in people with PTSD. They may be very jumpy, easily startled, irritable and may have sleep disturbances like insomnia or nightmares. They may seem constantly on guard and may find it difficult to concentrate. Sometimes persons with PTSD will have panic attacks accompanied by shortness of breath and chest pain.

(Sidran Institute, 2000)




Other Key Trauma Findings:
Relationship of Childhood Trauma to Adult Health

Adverse Childhood Experiences (ACE) have serious health consequences

- Adoption of health risk behaviors as coping mechanisms
 - eating disorders, smoking, substance abuse, self harm, sexual promiscuity
- Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, GYN cancer
- Early Death

(Felitti et al, 1998)




16

ACE Questions:

While you were growing up, during your first 18 years of life:


- Did a parent or other adult in the household **often or very often**... Swear at you, insult you, put you down, or humiliate you? **Or** Act in a way that made you afraid that you might be physically hurt?
- Did a parent or other adult in the household **often or very often**... Push, grab, slap, or throw something at you? **Or Ever** hit you so hard that you had marks or were injured?
- Did an adult or person at least 5 years older than you **ever**... Touch or fondle you or have you touch their body in a sexual way? **Or** Attempt or actually have oral, anal, or vaginal intercourse with you?
- Did you **often or very often** feel that ... No one in your family loved you or thought you were important or special? **Or** Your family didn't look out for each other, feel close to each other, or support each other?



17

ACE Questions: Con't

- Did you **often or very often** feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
- Were your parents **ever** separated or divorced?
- Was your mother or stepmother: **Often or very often** pushed, grabbed, slapped, or had something thrown at her? **Or Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **Or Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
- Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
- Was a household member depressed or mentally ill, or did a household member attempt suicide?
- Did a household member go to prison?



Moving towards Self-Regulation

- Why are tools for self-regulation used?
- Essential components













Contact Information:
wkellibrew@gmail.com
Twitter: @willkelli
Facebook: William Kellibrew

